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## BIB DATA SHEET

CONFIRMATION NO. 5376

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/814,399	03/31/2004	514	1624	12399-002-999
<b>RULE</b>				
<b>APPLICANTS</b> Steven C. Quay, Edmonds, WA; Peter C. Aprile, East Northport, NY; Zenaïda O. Go, Clifton, NJ; Anthony P. Sileno, Brookhaven Hamlet, NY;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/787,385 02/26/2004 PAT 7,229,636 which claims benefit of 60/451,899 03/04/2003 and claims benefit of 60/461,583 04/08/2003 and claims benefit of 60/474,204 05/29/2003				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 06/12/2004				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/PAUL V WARD/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> WA	<b>SHEETS DRAWINGS</b> 1	<b>TOTAL CLAIMS</b> 40
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> JONES DAY 222 EAST 41ST ST NEW YORK, NY 10017 UNITED STATES				
<b>TITLE</b> Cyanocobalamin low viscosity aqueous formulations for intranasal delivery				
<b>FILING FEE RECEIVED</b> 716	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	